

AUG 14 2007

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**Petition Office**

**Fax number 571 273 8300**

**ATTENTION: Ms Terri Williams**  
**Phone: 571 272 3282**

**Re: Patent Application 10/827,104**  
**(PTO/82 (01-06))**

**2 SHEETS FOLLOW**

Charles Fort, 512 531 9750 (fax) 971 9469 (mobile)  
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AUG 14 2007

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10 827104 / 20050027453
Filing Date	April, 19, 2004
First Named Inventor	Justin Fort
Art Unit	#2863
Examiner Name	John Bartow
Attorney Docket Number	Unknown

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Charles P. Fort				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Charles P. Fort		
Date	August 8 2007	Telephone	512 971 9469

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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Filing Date	April, 19, 2004
First Named Inventor	Justin Fort
Art Unit	#2863
Examiner Name	John Barlow
Attorney Docket Number	Unknown

I hereby revoke all previous powers of attorney given in the above-identified application.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

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August 8 2007

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512 819 7250

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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